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Amendment Under 37 C.F.R. § 1.116
Group Art Unit **2624**, Expedited Procedure
Docket No. 00862.021823.

AF
2624

In re Application of:

HIROTAKA SHIYAMA

Application No.: 09/503,481

Filed: February 14, 2000

For: DYNAMIC IMAGE DIGEST AUTOMATIC
EDITING SYSTEM AND DYNAMIC
IMAGE DIGEST AUTOMATIC EDITING
METHOD

Examiner: K. Reitz

Group Art Unit: 2624

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NOV 02 2004

Technology Center 2600

Date: October 28, 2004

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action And Petition For Extension Of Time in the above-identified application.

☒ No additional fee is required.


The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 115	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150 ⁰ /\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 430.00 to cover the fee for a two- month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Ronald A. Clayton
Attorney for Applicant
Registration No.: 26,718

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